


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90213 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #V58765			
1. Entity Name THE COUNTING HOUSE, INC.			
Principal Place of Business 4401 S. FLORIDA AVE. SUITE E INVERNESS, FL 34450 US		Mailing Address 4401 S. FLORIDA AVE. STE E INVERNESS, FL 34450 US	
2. Principal Place of Business 1113 E INVERNESS BLVD		3. Mailing Address 1113 E INVERNESS BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State INVERNESS FL		City & State INVERNESS FL	
Zip 34452-6779 Country US		Zip 34452-6779 Country US	
4. FEI Number 59-3145658		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DESCH, CINDY A. 3141 W FIREKING LANE DUNNELLON, FL 34433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1113 E INVERNESS BLVD City INVERNESS FL Zip Code 34452-6779	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when substituting) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESCH, CINDY A. 3141 W FIREKING LANE DUNNELLON, FL 34433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1113 E INVERNESS BLVD INVERNESS FL 34452-6779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information.			
SIGNATURE: Cindy A. Desch		4/29/03 88600073	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

11034093



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)